

Preadmission Screening Values Sheet 04-07-11 – Required CCS Field Values

CSB Code CCS

Current Values:

- | | | |
|---|--|--|
| <input type="radio"/> 001 Alexandria
<input type="radio"/> 003 Alleghany-Highland
<input type="radio"/> 005 Arlington
<input type="radio"/> 067 Blue Ridge
<input type="radio"/> 007 Central Virginia
<input type="radio"/> 009 Chesapeake
<input type="radio"/> 011 Chesterfield
<input type="radio"/> 013 Colonial
<input type="radio"/> 015 Crossroads
<input type="radio"/> 017 Cumberland Mountain
<input type="radio"/> 019 Danville-Pittsylvania
<input type="radio"/> 020 Dickenson County
<input type="radio"/> 053 District 19 CSB
<input type="radio"/> 021 Eastern Shore | <input type="radio"/> 023 Fairfax-Falls Church
<input type="radio"/> 025 Goochland-Powhatan
<input type="radio"/> 027 Hampton-Newport News
<input type="radio"/> 029 Hanover County CSB
<input type="radio"/> 031 Harrisonburg-Rockingham CSB
<input type="radio"/> 033 Henrico
<input type="radio"/> 035 Highlands
<input type="radio"/> 037 Loudoun County
<input type="radio"/> 039 Middle Peninsula-Northern Neck
<input type="radio"/> 041 Mount Rodgers
<input type="radio"/> 043 New River Valley
<input type="radio"/> 045 Norfolk
<input type="radio"/> 047 Northwestern
<input type="radio"/> 049 Piedmont Regional | <input type="radio"/> 051 Planning District I
<input type="radio"/> 055 Portsmouth
<input type="radio"/> 057 Prince William County CSB
<input type="radio"/> 059 Rappahannock Area CSB
<input type="radio"/> 061 Rappahannock-Rapidan
<input type="radio"/> 063 Region Ten CSB
<input type="radio"/> 065 Richmond
<input type="radio"/> 069 Rockbridge Area CSB
<input type="radio"/> 071 Southside CSB
<input type="radio"/> 073 Valley CSB
<input type="radio"/> 075 Virginia Beach CSB
<input type="radio"/> 077 Western Tidewater CSB
<input type="radio"/> Other: _____ |
|---|--|--|

Hispanic Origin:

- ☐ Puerto Rican
- ☐ Mexican
- ☐ Cuban
- ☐ Other Hispanic
- ☐ Not of Hispanic Origin
- ☐ Hispanic - Specific origin not identified
- ☐ Unknown (Asked but not answered)
- ☐ Not collected (Not asked)

Marital Status:

- ☐ Never Married or whose only marriage was annulled
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Pregnant Status:

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Legal Status:

- ☐ Voluntary
- ☐ Involuntary Civil
- ☐ Involuntary Juvenile Court
- ☐ Involuntary Criminal
- ☐ Involuntary Criminal Incompetent
- ☐ Involuntary Criminal NGRI
- ☐ Involuntary Criminal Sex Offender
- ☐ Involuntary Criminal Transfer
- ☐ Treatment Ordered Conditional Release
- ☐ Treatment Ordered Diversion
- ☐ Treatment Ordered Probation
- ☐ Treatment Ordered Parole
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Race:

- ☐ Alaska Native
- ☐ American Indian
- ☐ Black or African American
- ☐ White
- ☐ Other
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native and White
- ☐ Asian and White
- ☐ Black or African American and White
- ☐ American Indian or Alaska Native and Black or Africa American
- ☐ Other Multi-Race
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Military Status

- ☐ Armed Forces on Active Duty
- ☐ Armed Forces Reserve
- ☐ National Guard
- ☐ Armed Forces or National Guard retired
- ☐ Armed Forces or National Guard discharged
- ☐ Armed Forces or National Guard **Dependent Family Member**
- ☐ Not Applicable (No military status)
- ☐ Unknown (Asked but not answered)
- ☐ Not collected (Not asked)
- ☐ Military Service Start Year (YYYY)
- ☐ Military Service End Year (YYYY)

Employment Status:

- ☐ Employed Full Time (35 hours a week or more; includes Armed Forces)
- ☐ Employed Part Time (less than 35 hours a week)
- ☐ Unemployed: Individual is unemployed at the time of admission, but seeking employment
- ☐ Not in Labor Force: Homemaker
- ☐ Not in Labor Force: Student/Job Training Program
- ☐ Not in Labor Force: Retired
- ☐ Not in Labor Force: Disabled – unable to work
- ☐ Not in Labor Force: Resident/Inmate of Institution
- ☐ Not in Labor Force: Other: Unemployed and not seeking employment
- ☐ Employment Program: Include persons in supported employment settings
- ☐ Not in Labor Force: Sheltered employment settings
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Type of Residence:

- ☐ Private Residence or Household
- ☐ Shelter
- ☐ Boarding Home
- ☐ Foster Home or Family Sponsor Home
- ☐ Licensed Assisted Living Facility (CSB or non-CSB operated)
- ☐ Community (CSB) Residential Service
- ☐ Residential TX or Alcohol or Drug Rehab (other Res setting)
- ☐ Nursing Home or Physical Rehabilitation
- ☐ Hospital
- ☐ Local Jail or Correctional Facility
- ☐ State Correctional Facility
- ☐ Other Institutional Setting
- ☐ None (Homeless or homeless shelter)
- ☐ Juvenile Detention Center
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Education Level: (all ages)

- ☐ Never Attended School
- ☐ Preschool/Kindergarten
- ☐ Some Elementary School (Grades 1-7)
- ☐ Completed Elementary School (Grade 8)
- ☐ Some High School or Vocational Education (Grades 9-11)
- ☐ Completed High School or Vocational Education (Grade 12 or High School Equivalent)
- ☐ Some College
- ☐ Completed College (Undergraduate degree or higher)
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Referral Source:

- ☐ Self
- ☐ Family or friend
- ☐ MR Care Provider
- ☐ School system or educational authority
- ☐ ASAP or DUI program
- ☐ Police or sheriff
- ☐ Local correctional facility
- ☐ State correctional facility
- ☐ Probation Office
- ☐ Parole Office
- ☐ Other Community Referral
- ☐ Private Hospital
- ☐ Private Physician
- ☐ Private MH Outpatient Practitioner
- ☐ State MH Outpatient Practitioner

- ☐ Employer or Employee Assistance Program (EAP)
- ☐ Community Diversion Incentive (CDI) Program
- ☐ State Hospital
- ☐ State Training Center
- ☐ Non-Hospital SA Care Provider
- ☐ Court
- ☐ Health Department
- ☐ Other Virginia CSB
- ☐ Department of Rehabilitative Services
- ☐ Department of Social Services TANF Caseworker
- ☐ Department of Social Services (Not TANF)
- ☐ Department of Juvenile Justice
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

SA Information (should include Primary, Secondary, and Tertiary where applicable)**Drug Type:**

- ☐ None
- ☐ Alcohol
- ☐ Cocaine or Crack Cocaine
- ☐ Marijuana or Hashish: Including THC and Other cannabis sativa preparations
- ☐ Heroin
- ☐ Non-prescription Methadone
- ☐ Other Opiates/Synthetics: Including codeine Dilaudid, morphine, Demerol, opium, and Any other drug with morphine-like effects
- ☐ PCP – Phencyclidine
- ☐ Other Hallucinogens: Including LSD, DMT STP, mescaline, psilocybin, peyote, etc.
- ☐ Methamphetamines
- ☐ Other Amphetamines: Including Benzadrine Dexedrine, Preludin, Ritalin, and any other "...amines" and related drugs
- ☐ Other Stimulants
- ☐ Benzodiazepine: Including Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam
- ☐ Other Tranquilizers
- ☐ Barbiturates: Including Phenobarbital, Seconal, Nembutal, etc.
- ☐ Other Sedatives or Hypnotics: Including Chloralhydrate, Placidyl, Doriden, mempromate, etc.
- ☐ Inhalants: Including ether, glue, chloroform, Nitrous oxide, gasoline, paint thinner, etc.
- ☐ Over the Counter: Including aspirin, cough syrup, Sominex, diet aids (e.g. Dexatrim), and any other legally obtained non-prescription medication.
- ☐ Other
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Number of Prior Episodes Any Drug:

- ☐ No prior episodes
- ☐ One prior episode
- ☐ Two prior episodes
- ☐ Three prior episodes
- ☐ Four prior episodes
- ☐ Five or more prior episodes
- ☐ Not applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Age 1st Use:

- ☐ Newborn
- ☐ Actual Age of 1st Use
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Frequency of Use:

- ☐ No use in the past month (individual has not used any drug in past month; or individual who is not currently a user but is seeking service to avoid relapse)
- ☐ One to three time in the past month
- ☐ One to two times per week
- ☐ Three to six times per week
- ☐ Daily
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Method of Use:

- ☐ Oral
- ☐ Smoking
- ☐ Inhalation
- ☐ Injection (IV or Intramuscular)
- ☐ Other
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Axis I and II:

- ☐ Valid DSM IV Code without decimal
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Axis III:

- ☐ Yes
- ☐ No
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)

Axis V (GAF):

- ☐ Valid GAF Score
- ☐ Not Applicable
- ☐ Unknown (Asked but not answered)
- ☐ Not Collected (Not asked)